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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/764,114 12/09/1996 PAT 6,440,407

which is a CIP of 08/411,795 04/06/1995 PAT 5,604,116

which is a CIP of PCT/US93/11197 11/22/1993

which is a CIP of 07/981,044 11/24/1992 ABN

*ML 3.15.05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none ML 3.15.05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

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TITLE

Method of ex-vivo expansion of hematopoietic cells using interleukin-3 (IL-3) multiple mutation polypeptides

<b>FILING FEE</b>  <b>RECEIVED</b> <b>824</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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